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OFFICE OF THE MAYOR





PHONE (501) 975-8601 FAX (501) 975-8633

P.O. BOX 5757 NORTH LITTLE ROCK, ARKANSAS 72119-5757

website: www.nlr.ar.gov

MEMORANDUM

TO:

Members of the North Little Rock City Council

FROM:

Anita Paul AV

DATE:

April 2, 2021

SUBJECT:

Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment* and *Comments of Officials* forms from the State of Arkansas. Alcoholic Beverage Control Division.

The following applicant has applied for a grocery store wine, retail beer off premises, small farm winery – retail permit – change of manager:

Tanner Krause Kum & Go #144 5216 JFK Blvd North Little Rock, AR 72116

Please note the 15-day comment period referred to in the final paragraph of the *Comments* page.

Thank you.

Attachments

BY Anita Paul-mayors office

DATE 4-2-21
Diane Whitbey, City Clerk and Collector

North Little Rock, Arkansas
RECEIVED by

NEWASSG0101 Printed On:03/30/2021

ASSEGNMENT

Date Received: 03/15/2021 Date Assigned: 03/30/2021 APR **02** 2021 Applicant: TANNER KRAUSE D.O.B: 06/22/1987 City of NLR Mayor's Office Green Card Number (Permanent Resident Affen): Home Address: 765 FOSTER DRIVE, DES MOINES, IA 50309 Home Phone: 5154576249 Business Phone: Cell Phone: Trade Name: KUM & GO #144 Former Trade Name: KUM & GO #144 Business Address: 5216 JFK BLVD., NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI is Business Address located within City Limits: N/P Type Of Investigation: Change of Manager Application Dancing, if requested: No Comments / Remarks: Copies Of Assignment and Comment Form Mailed to: ABC-ATC.AssignmentSheet@dfa.arkansas.gov; Assigned to Investigator: _____

Stockholders / Partners / LLC Members

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: TANNER KRAUSE

TYPE OF APPLICATION: GROCERY STORE WINE, GROCERY STORE WINE, RETAIL BEER OFF

PREMISES, SMALL FARM WINERY - RETAIL

BUSINESS NAME: KUM & GO #144

BUSINESS ADDRESS: 5216 JFK BLVD., NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 03/15/2	1	
NAME OF PUBLIC OFFICIAL:		
TITLE OF OFFICIAL:		
OFFICIAL MAILING ADDRESS:		
_		
PHONE:		
SIGNATURE OF OFFICIAL:	DATE:	
NAME OF AGENCY OR COURT:		
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Do you have any objections to the issuance of this permit? Yes or No

If yes, please explain your objections below:

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 1515 West 7th Street, Suite 503, Little Rock, AR 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record. Pursuant to ACA 3-2-103, a national fingerprint based background check will be, or has been, conducted. At ACIC's request, do not run your own criminal history check through ACIC.

Printed On: 03/30/2021

current

Change Of Manager / Additional Stockholder(s) / Partner(s) Application

		yle Krause		Business Phone	Cont	act Phone
Permit No	_	Trade Name of Business and Address			1403 515-457-624	
01420-02	2	Kum & Go i 44 5216 JFK Blvd North Little Rock, A				
		Current Address	lf n	ew address change l	here	
Home Address		30375 Napa Ranch Rd Waukee, IA 50263				
Mailing Add	ress	1459 Grand Ave Des Moines, IA 50309				
Email Addre	ess	license@kumandgo.com				
Please ch	neck t	the appropriate (Requested Change) :				
Change	e Of N	Manager				
ii.		tockholder(s)				
L		artner(s)				
Please check	applic			Fee		
Select		Permit Description				
✓ Re	✓ Retail Beer Off Premises			\$ 50.0		
Sr	Small Farm Winery			\$ 50.0	00	NO CASH
✓ Gr	roce	ery Store Wine		\$ 50.0	00	
Lupane			Total Amou	nt: \$ 150.	00	
I do hereb and make	oy ack e a red	knowledge the receipt of Instructions for Change Of quest for the above mentioned change(s).	Manager/Ad	iditional Stockhol	der(s) / l	Partner(s)
de Arthress	[Date		Signature	9	
				80 2) 4		
				\$		

MEMORANDUM



TO:

ABC Administration

1515 West 7th Street, Suite 503 Little Rock, Arkansas 72201

DATE: 3,3.2021

FROM: Kum & GOLD A 1459 Grand Ave Des Moines, 1A 50309

RE:

New "On Site Representative"

NAME: Stephen Ray

HOME ADDRESS: 9225 Woodbine Drive, Sherwood, AR 72120 CONTACT TELEPHONE NUMBER: 501-975-1603

DATE OF BIRTH (must be at least 21 years of age): 8/12/1973

The person above will be the "on site representative" for the business(s) listed below; list each location, including ABC permit number:

De Atfachment.